

MARGIN RESERVED FOR INDEXING.
 WHITE PLAINLY, WITH ENGLAND INC.—THIS IS A PERMANENT RECORD, and make the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Franklin</u>		STATE OF SOUTH CAROLINA		4078	
Township of <u>15</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Marble Falls</u>		State Board of Health			
City of <u>SC</u>		Registration District No. <u>18</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>John Albert Sawyer</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>15</u>	(4) Twin or Triplet? <u>15</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>15</u>	(7) DATE OF BIRTH <u>May 7, 1922</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>John Sawyer</u>			(14) NAME BEFORE MARRIAGE <u>John Sawyer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Marble Falls</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marble Falls</u>		
(10) COLOR OR RACE <u>15</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>15</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>			
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was nt M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>Harry J. Hall</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>May 20, 1922</u>		
Registrar			(28) <u>C. P. Hall</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.